

MARYLAND STATE BOARD OF VETERINARY MEDICAL EXAMINERS'
COMPLAINT FORM

1. YOUR INFORMATION:

Name: _____ Pet's Name: _____ Age: _____
Home phone number: (_____) _____
Cell phone number: (_____) _____ Species: _____ Breed: _____
Work phone number: (_____) _____ Date(s) of treatment: _____
E-mail address: _____ Reason(s) for visit: _____
Address: _____
Street Address _____
City, State, Zip Code _____

2. COMPLAINT AGAINST:

Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____

3. IF OTHER VETERINARIANS TREATED YOUR PET AFTER THE VETERINARIAN LISTED ABOVE, PLEASE PROVIDE THEIR INFORMATION BELOW:

Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____
Veterinarian's Name: _____ Clinic's name: _____
Clinic's address: _____

4. HAVE YOU CONTACTED THE VETERINARIAN IN YOUR COMPLAINT?

Yes _____ No _____
If yes, what was the result? _____

5. HAVE YOU RECEIVED ANY REIMBURSEMENT FROM THE VETERINARIAN OR VETERINARY HOSPITAL LISTED IN #2, ABOVE, FOR ANY EXPENSES YOU INCURRED AS A RESULT OF SERVICES PROVIDED YOUR PET?

Yes _____ No _____

6. IF THIS MATTER GOES TO A HEARING, WOULD YOU BE WILLING TO TESTIFY?

Yes _____ No _____

7. PROVIDE THE NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF WITNESSES.

Name: _____

Name: _____

Address: _____

Street Address

City, State, Zip Code

Address: _____

Street Address

City, State, Zip Code

Area Code and Telephone: _____

Area Code and Telephone: _____

8. STATE THE NATURE OF YOUR COMPLAINT BELOW. INCLUDE ANY PERTINENT DATES. IF YOU HAVE ANY BILLS, MEDICAL RECORDS, LABORATORY RESULTS, RADIOGRAPHS, OR OTHER DOCUMENTATION, PLEASE ATTACH THESE ITEMS TO YOUR COMPLAINT. PLEASE USE A MAXIMUM OF 2 ADDITIONAL SHEETS, IF NECESSARY.*

Signature: _____

Date: _____

***NOTE: YOUR COMPLAINT, AS PART OF THE BOARD'S RECORD, IS SUBJECT TO THE MARYLAND PUBLIC INFORMATION ACT. ORDINARILY, IT MAY NOT BE INSPECTED BY THE PUBLIC. HOWEVER, A COPY ORDINARILY IS FURNISHED TO THE VETERINARIAN WHO IS THE SUBJECT OF THE COMPLAINT, AND THAT INDIVIDUAL IS ASKED TO RESPOND TO IT.**

**MAIL YOUR COMPLAINT TO: State Board of Veterinary Medical Examiners
Maryland Department of Agriculture
50 Harry S. Truman Parkway, Room 102
Annapolis, MD 21401**

Telephone: (410) 841-5862

Facsimile: (410) 841-5780

Website: mda.maryland.gov/vetboard/Pages/filing_complaint.aspx